



PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
47399-0015

CLAIMS AS FILED - PART I					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
(Column 1)			(Column 2)					
FOR		NUMBER FILED		NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))						\$ _____		\$ 740
TOTAL CLAIMS (37 CFR 1.16(c))		41	minus 20 =	* 21	x \$ _____ =		x \$ 18 =	378
INDEPENDENT CLAIMS (37 CFR 1.16(b))		4	minus 3 =	* 1	x _____ =		x 84 =	84
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ _____ =		+ _____ =	
					TOTAL		TOTAL	1,202

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
(Column 1)			(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 41	Minus	** 41 = 0	x \$ 9 =	0	x \$ 18 =	
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 4 = 0	x 42 =	0	x 84 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =		+ 280 =	
					TOTAL		TOTAL	ADDITIONAL FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* Minus	** = 0	x \$ 9 =		x \$ 18 =		
	Independent (37 CFR 1.16(b))	* Minus	*** = 0	x 42 =		x 84 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =		+ 280 =	
					TOTAL		TOTAL	ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 41	Minus	** 41 = 0	x \$ 9 =		x \$ 18 =	
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 4 = 0	x 42 =		x 84 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =		+ 280 =	
					TOTAL		TOTAL	ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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